FORM D UNITED STATES OMB APPROVAL SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 RECEIVED FORM D 2003 NØTICE OF SALE OF SECURITIES ₽URSUANT TO REGULATION D. SECTION 4(6), AND/OR DATE RECEIVED **ÍFORM LIMITED OFFERING EXEMPTION** (check if this is an amendment and name has changed, and indicate change.) Name of Offering QUANTUM FUND MAXWELL Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Filing Under (Check box(es) that apply): Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) MAXWELL QUANTUM Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) BOT EAST PACIFIC DRIVE AMERICAN FORK, WAH 84003 801)847-1030 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business hedge fund `€3(c)(i) private investment company (Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Year Actual Estimated Actual or Estimated Date of Incorporation or Organization: 0 3 0 3 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
Each promoter of the issuer, if the issuer has been organized within the past five years;	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% o	, ·
Each executive officer and director of corporate issuers and of corporate general and managing parties of neutrons of neutrons his issuers.	thers of partnership issuers, and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: ✓ Promoter ☐ Beneficial Owner ✓ Executive Officer ☐ Di	rector General and/or Managing Partner
Full Name (Last name first, if individual)	
MAXWELL, GARY JAMES	
Business or Residence Address (Number and Street, City, State, Zip Code) 807 EAST PACIFIC DRIVE, AMERICAN FORK WAH Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Di	84003
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Di	rector General and/or Managing Partner
Full Name (Last name first, if individual)	
MAXWELL INVESTMENTS LLC	
MAXWELL INVESTMENTS, LLC Business or Residence Address (Number and Street, City, State, Zip Code)	
BOT EAST PACIFIC DRIVE. AMERICAN FORK, UTA	H 84 00 3
807 EAST PACIFIC DRIVE, AMERICAN FORK, UTA Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Di	rector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer D	rector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer D	irector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer D	irector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer D	irector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В. Г	FORMATI	ON ABOU	T OFFERI	NG				
1.	Has the	issuer sold	l, or does th	ne issuer in	tend to sel	l. to non-ac	credited in	vestors in	this offeri	ne?		Yes	No Z
••	2245 1110	100401 0014	., 01 2005 4			Appendix,							₩
2.	What is	the minim	um investm	ent that w	ill be acce	pted from a	ny individ	ual?				\$ 1,00	0,000.
3.	Does the	offering :	nermit inint	ownershi	n of a sing	le unit?						Yes √	No □
4.		Does the offering permit joint ownership of a single unit?											
			ilar remune ted is an ass										
	or states	, list the na	me of the b	roker or de	aler. If mo	re than five	(5) persor	s to be list	ed are asso				
Ful			first, if indi		- Illioilliati				•				
					0.		 						
Bu	siness or l	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
Na	me of Ass	ociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit F	urchasers						<u></u>
	(Check	"All States	" or check	individual	States)	•••••	•••••••	•••••	••••••	*****************	••••••	☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
	TL D	IN N	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Fu	ll Name (ast name	first, if ind	ividual)			_		***	_			
	<u> </u>			· 									
Bu	siness or	Residence	: Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of Ass	sociated Br	oker or De	aler			=	·					
Sta	ates in Wh	nich Person	Listed Ha	s Solicited	or Intends	to Solicit I	Purchasers		·				
	(Check	"All States	s" or check	individual	States)	******************	•••••	***************************************			••••••	☐ Al	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Fu	Il Name (Last name	first, if ind	ividual)									
<u></u>		Daridana	Addross C	Niumborou	d Street C	Yes Ctata	7:- Codo						
Dι	isiness of	Residence	e Address (Number an	u Street, C	ity, State, a	zip Code)						
Na	ime of As	sociated B	roker or De	aler									
St	ates in W	nich Person	n Listed Ha	s Solicited	or Intend	to Solicit	Purchasers						
	(Check	"All State	s" or check	individua	States)							☐ A	Il States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN	IA NV	KS	KY NJ	LA	ME	MD	MA	MI	MN OK	MS OR	MO PA
	RI	NE SC	SD.	NH TN	TX	NM UT	NY VT	NC VA	ND WA	OH WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	§	\$
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	ß	\$
	Partnership Interests		
	Other (Specify)	•	•
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		,
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 1,000,000.
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question I.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		<u> </u>
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)		\$
	Total		\$ O.

	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Qu proceeds to the issuer."	estion 4.a. This difference is the "adjusted gross		\$ <u>50,000,000</u> .
	Indicate below the amount of the adjusted gross proce each of the purposes shown. If the amount for any pecheck the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	ourpose is not known, furnish an estimate and e payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] \$	\$
	Purchase of real estate		\$	_ 🗆 \$
	Purchase, rental or leasing and installation of machinand equipment	nery [\$	_
	Construction or leasing of plant buildings and facilit	ies[\$
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets	or securities of another	7.0	— •
	issuer pursuant to a merger)	-		
	Repayment of indebtedness			
	Working capital	for potions trading	」♪ ¬ \$	- ⊔³
	(5,500)			- LI * JU(- 1
		[\$	_ 🗆 \$
	Column Totals	[\$	
	Total Payments Listed (column totals added)		_	50,000,000.
		D. FEDERAL SIGNATURE		
sigr	issuer has duly caused this notice to be signed by the ur ature constitutes an undertaking by the issuer to furnish information furnished by the issuer to any non-accre	sh to the U.S. Securities and Exchange Commis	sion, upon writte	
Issı	er (Print or Type)	Signature	Date	
M	AXWELL QUANTUM FUND, L.P.	Buy I HAM	13 MAY	2003
Nar		Title of Signer (Print or Type) President of Maxwell Investment		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	*	
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
MAXWELL QUANTUM FUND, L.P.	May f MM	13 MAY 2003
Name (Print or Type)	Title (Frint or Type)	
GARY J. MAXWELL	President of Maxwell	Investments, LLC, its general parti

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AF	PPENDIX				
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Units of linited partnership \$50,000,000.	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		×	10						*
AK		×							×
AZ		×	l į						×
AR		X	ч						У
CA		×	U.	ł	\$1,000,000.	0	\$ O.		*
СО		×	11						>
СТ		×	11						×
DE		×	((×
DC		×	1(×
FL		×	11						*
GA		×	(1						×
HI		×	11						×
ID		×	II,						×
IL		×	11						×
IN		×	11						×
IA		×	11						×
KS		×	11						*
KY		У	11						>
LA		×	Lf.						×
ME		×	И						×
MD		×	и						У
MA		*	11						*
MI		×	t _t						У
MN		х	()						×
MS		×	ę i						×

				APP	ENDIX				a jiji y
1	Intend to non-a investor	I to sell accredited is in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Units of limited partnership \$ \$50,000,000.	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО		×	M						*
МТ		X	11						×
NE		×	"						~
NV		×	41						×
NH		x	11						×
NJ	Securi	х	1(×
NM		×	11						×
NY		x	11						×
NC		Y	11			-			×
ND		Y	11						×
ОН		x	ч						×
OK		×	И						×
OR		×	11						×
PA		×	N						×
RI		×	11						×
SC		У	11						×
SD		×	11						×
TN		×	11						У
TX		×	14						×
UT		×	N.						×
VT		×	11						V
VA		*	-(1	-				†	×
WA		×	ti -						×
wv		×	f J						×
WI		X	11		1				У

				APPI	ENDIX				
1	to non-a	2 d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOH (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	units of linited partneship \$50,000,000.	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY	-	×	N						>
PR		×	11						×